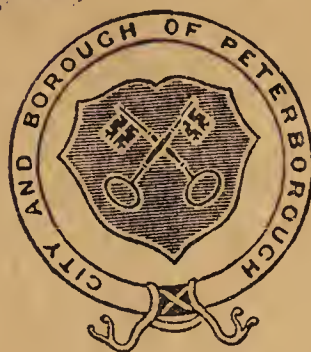


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CITY & BOROUGH OF PETERBOROUGH

REPORTS

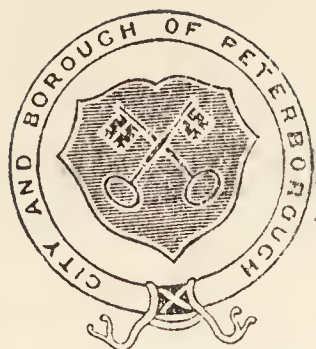
OF THE

Medical Officer of Health

AND OF THE

Sanitary Inspector

FOR THE YEAR 1925.



CITY & BOROUGH OF PETERBOROUGH

I.

REPORT

OF THE

Medical Officer of Health

FOR THE YEAR 1925.

WM. JOHNSTONE, M.D., B.Ch., D.P.H.,

Medical Officer of Health and School Medical Officer.

CITY AND BOROUGH OF PETERBOROUGH.

Health Committee, 1925-26.

Chairman—Alderman WHITSED.

Vice-Chairman—THE MAYOR (ex-officio).

Alderman LAMPLUGH, J.P.
Alderman RISELEY.
Councillor ABBOTT.
Councillor DAY.
Councillor FARROW.
Councillor HOWARD.

Councillor MANSFIELD,
Councillor NICHOLLS, J.P.
Councillor PALMER, J.P.
Councillor THOMSON.
Councillor WRIGHT.

Maternity and Child Welfare Committee.

Chairman—Councillor H. J. FARROW.

Vice-Chairman—Councillor F. H. WRIGHT.

The above Committee (excluding Councillors Abbott and Howard).

THE MAYOR (ex-officio).
THE MAYORESS (ex-officio).
MRS. BARTON.
MRS. KNEE.

MRS. MARRATT.
MRS. NICHOLLS.
MISS NOAKES.

Staff of the Public Health Department.

Medical Officer of Health, School Medical Officer, Medical Superintendent of the Isolation Hospitals, and Medical Officer to the Maternity and Child Welfare Committee—

WM. JOHNSTONE, M.D., B.Ch. (Glas.), D.P.H. (Camb.).

Deputy Medical Officer of Health—JOHN N. COLLINS, M.D. (Lond.).

Health Visitor—MISS ELLEN M. TAMPLIN, S.R.N., C.M.B., A.R.San.I.

Matron Borough Isolation Hospital—MISS ADA H. GREEN, S.R.N.

Deputy Matron—MISS EDITH PREECE.

Sanitary Inspector—J. L. SEDEN, Cert. R. San. I. (Also Inspector under Food and Drugs Acts, and Inspector of Meat).

Senior Assistant—EDWARD NOBLE.

Junior Assistant—R. E. GROOM.

Chief Departmental Clerk—H. A. GOODACRE (Lieut.).

Public Analyst—WM. ELBORNE, M.A. (Camb.).

City and Borough of Peterborough.



Annual Health Report, 1925.

1. Summary.

Area of Borough in Acres	.....	.....	.....	.....	.....	1,878
Population :—						
Census 1921	.....	.....	.....	.....	.....	35,533
Estimated 1925	.....	.....	.....	.....	.....	36,650
No. of Inhabited Houses, 1921 (Census)	.....	.....	.....	.....	.....	8,422
No. of Families or separate occupiers (1921)	.....	.....	.....	.....	.....	8,916
Rateable Value	.....	.....	.....	.....	.....	£218,654
Sum represented by a penny rate	.....	.....	.....	.....	.....	£773
Birth rate per 1,000 population	.....	.....	.....	.....	.....	16
General Death rate per 1,000 population	.....	.....	.....	.....	.....	10.7
Phthisis death rate, per 1,000 population	.....	.....	.....	.....	.....	0.68
Tuberculosis (all forms) death rate, per 1,000 population	.....	.....	.....	.....	.....	0.81
Cancer death rate, per 1,000 population	.....	.....	.....	.....	.....	0.9
Deaths	.....	394	188	206	Death rate 10.7 per 1,000 pop.	
No. of women dying in or in consequence of (a) from sepsis	.....				.....	2
Ditto of parturition (b) other causes	.....				.....	1
Deaths of infants (under one year old)—						
(a) legitimate 33.					(b) illegitimate 1.	Total 34.
Total infant mortality, per 1,000 births	.....	.....	.....	.....	.....	58.0
Deaths from measles (all ages)	.....	.....	.....	.....	.....	1
,, ,, whooping cough (all ages)	.....	.....	.....	.....	.....	4
,, ,, diarrhoea (under 2 years old)	.....	.....	.....	.....	.....	4

Annual Health Report, 1925 and Quinquennial Review, 1921-25.

A stage is now arrived at where Non-County Borough Sanitary Authorities are not so much concerned with what has passed but with certain proposals “in the air” at the moment proposing—if carried out—to make Non-County Boroughs as nonentities and “pawns” of County Councils.

The Association of Municipal Corporations is watching closely the interests of Municipal Corporations, as well it need do, and the Secretary of the Non-County Borough Association has issued a statement which is so germane to the subject that salient points may *inter alia* be quoted :—

“The proposal that the County Council shall supervise and control all the Health Services in the Boroughs and Urban Districts in the County is very objectionable and bound to lead to duplication and friction.

The co-ordination and improvement of the provision made for the prevention and treatment of ill-health and the inclusion in this provision of all public assistance required as the result of sickness, accident and infirmity is one that can be carried out far better by persons on the spot than by the County Council.

The proposal that block grants should be made to County Councils to be used at their discretion is unfair and might work to the serious disadvantage of the Urban Areas in Counties where the Rural element predominates.

Well administered Boroughs ought not to be placed under the control of County Councils.”.....

Again, the British Medical Association in its memorandum of evidence before the Royal Commission on Local Government says :—(*inter alia*)

“The County Council should **not** be given a general supervisory power over or responsibility for the administration of health services in the hands of all Borough and Urban Councils acting within the County.

On the one hand the County Councils are not so constituted, nor are their Officials so chosen as to be suited to such power or responsibility ; and, on the other hand, it is the large Borough and Urban District Councils which have had a prolonged experience in Sanitary Administration, an experience which has been absolutely lackingⁱⁿ the case of the County Councils.

It is accordingly suggested that at least for health purposes every Borough or Urban District should have complete local administrative powers.

That every encouragement and facility should be given to Borough and Urban Districts to form large combinations either for the purpose of acquiring full status of County Boroughs or of securing full administrative health powers for their combined area.

That the L.G.A. for each Area so constituted should be compelled to establish a **statutory** Health Committee, to which would stand referred all matters of health administration within the area.

It seems clear that there can be no unification of health administration as considered desirable without a radical revision of local areas for such administration.

The **ideal** arrangement for this purpose would be to ignore existing County and Borough or District Areas altogether and to form entirely fresh areas throughout the country, each with a considerable town as a centre, associated with which should be such surrounding Urban or Rural Areas as would most naturally or conveniently look to such town for its focus of health administration.".....

Exactly. The case could not have been better expressed for the case of Peterborough Borough, and these are the words of one who has been not only an Alderman and Ex-Mayor of a Municipal Borough of some 87,000, but also a Member of a County Council Committee.

The conclusions arrived at are therefore not ex-parte but a balancing of the rival claims so to speak, as between Borough and County.

It has often been discussed and contended by the Officer and Inspector in the work that the Borough boundary is a source of weakness—not of strength—in sanitary administration as regards the protection of the Borough inhabitants.

Take the case of the Milk Supply. This, in Peterborough, comes from as many as maybe five counties.

Of what use is it going to be from a health protection point of view in this Borough to put the supervision of this service under one County Council where there are four others involved who have no interest in the Milk Supply to Peterborough.

When anything goes wrong either through inspection or contamination, Peterborough's inhabitants are the likely sufferers, and the Borough is called upon to bear the brunt of such ill-health as may be so imported.

Who therefore ought to have the Control? Not the District Council in which such is situated but the Authority where the product is consumed, and a good area as a Local Sanitary area is the

Area of the Milk Supply, a local Sanitary Authority of a Borough being as much responsible for the purity of its milk as for the purity of its water supply.

Peterborough's case for an area on the lines of the foregoing memorandum of evidence (Clause 10) if and when such re-distribution is—

“With centre P. and radius.....miles describe a circle equal the area of its milk supply and linking up to other towns and/or combined areas.

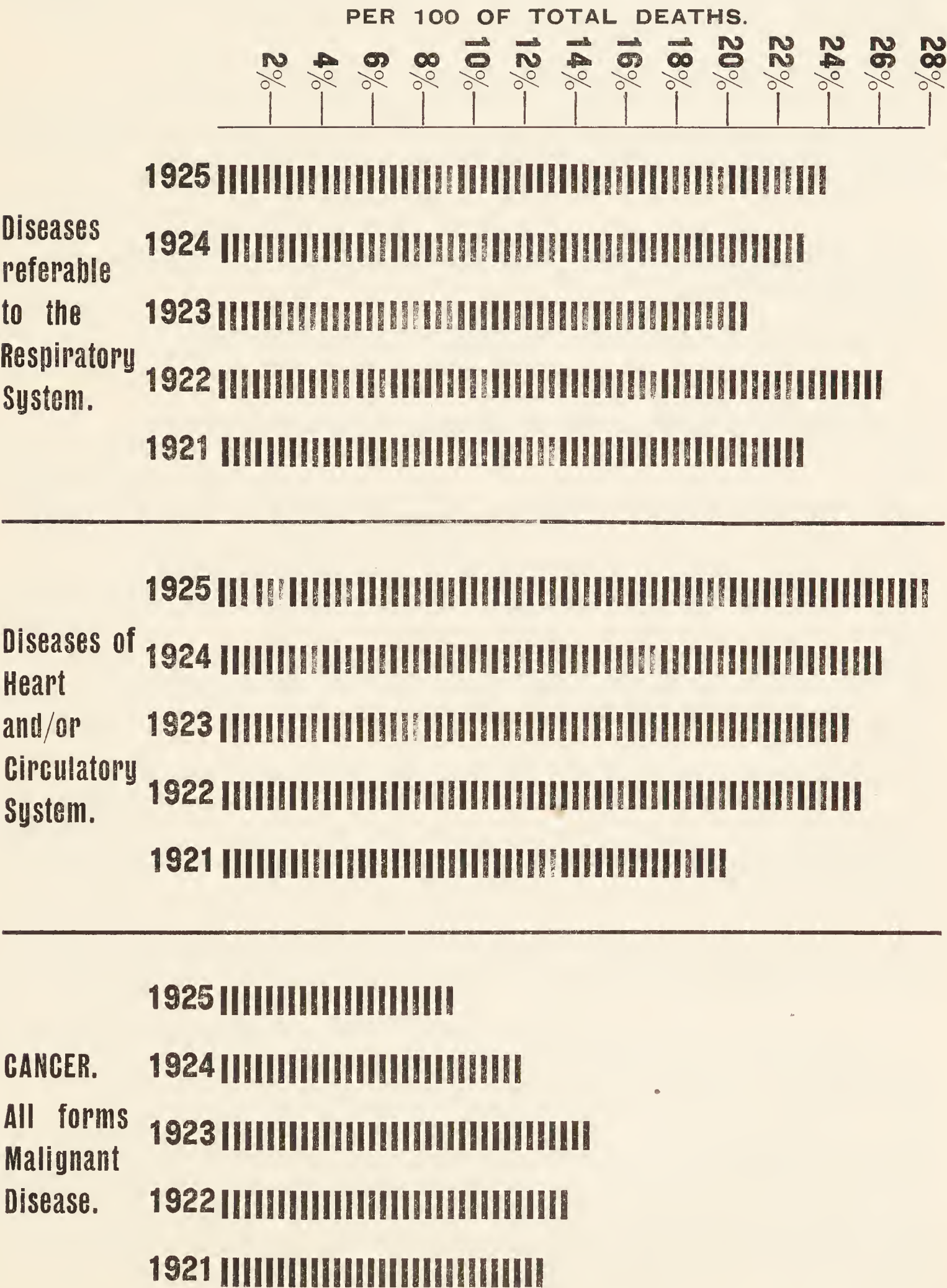
2. Causes of Death in Peterborough, M.B., 1925.

(Registrar General's Figures).

Causes of Death.		Males.	Females.	Total.
Civilians only, All Causes		188	208	396
1.	Enteric fever			
2.	Smallpox			
3.	Measles	1		
4.	Scarlet Fever			
5.	Whooping Cough	1	3	
6.	Diphtheria			
7.	Influenza	8	7	
8.	Encephalitis lethargica	1	3	
9.	Meningococcal meningitis			
10.	Tuberculosis of respiratory system	13	12	
11.	Other tuberculosis disease	2	3	
12.	Cancer, malignant disease	15	19	
13.	Rheumatic fever			
14.	Diabetes	2	4	
15.	Cerebral haemorrhage, etc.	12	15	
16.	Heart disease	34	33	
17.	Arterio-sclerosis	14	6	
18.	Bronchitis	13	17	
19.	Pneumonia (all forms)	8	6	
20.	Other respiratory diseases	5	2	
21.	Ulcer of stomach or duodenum		2	
22.	Diarrhoea, etc. (under 2 years)	1	3	
23.	Appendicitis and typhlitis	4	2	
24.	Cirrhosis of liver	1	1	
25.	Acute and chronic nephritis	6	15	
26.	Puerperal sepsis		2	
27.	Other accidents and diseases of pregnancy and parturition		1	
28.	Congenital debility and malformation, premature birth	11	8	
29.	Suicide	4		
30.	Other deaths from violence	4	6	
31.	Other defined diseases	28	38	
32.	Causes ill-defined or unknown			

The Principal Causes of Death in Peterborough.

Quinquenium 1921-5.



The Death Rate standing at 10.7 per 1,000 constitutes one of the lowest on record, being excelled only by the figure of the favoured year of 1923.

Without being too prolix about minutiae, one may be allowed to pick out one or two points, possibly of interest, from the returns.

i. The percentage of those dying under 53 years of age is 28 per cent. This is exclusive of all infants starting with a precarious hold on life, congenitally debilitated, but includes all presumed to be as "good starters" as any others.

ii. 39 Per cent. reached their three score and ten or over.

iii. Of any **single** killing disease, age 15—40, Pulmonary Tuberculosis—Bunyan's "Captain of the Men of the Death" easily heads the list.

iv. There is a welcome diminution in the number of deaths attributable to Cancer—Malignant Disease; these having undergone a reduction of 30 per cent. since 1920—24.

CANCER.

Preponderating locations or sites of Cancers certified fatal.

Year.	Gastro Intestinal Stomach.	Tract. Tract.	Bowel.	Liver presumed primary.	Mammary Gland Breast (female).	Generative Organs (mainly female).	Other (Misc.)
	per cent.	per cent.	per cent.	per cent.	per cent.	per cent.	per cent.
1925	9	32	23.5	14.7	14.7	11 $\frac{3}{4}$	20.6
	N.B.—59 per cent. under age of 65.						
1922	27	50	23		3	21	
	under age 65.						
1920	19.6	38	19.6	9.8	6	13.7	24

These figures are eloquent. There is certainly some variation from year to year but they indicate the preponderance of election for the gastro-intestinal and generative tracts, the former site having a preponderance of the male sex; the latter for females.

But it cannot be held true throughout the quinquennium that the incidence as a whole has been greater amongst women than men—rather the reverse.

Since the special plea was entered in the Annual Report 1920 for an intensive investigation into cancer a great deal of attention has been given to this subject (centrally) and an immense amount of valuable work done.

By far the most outstanding contribution to the elucidation of the cancer problem is the work of Dr. Gye and his collaborator, and if he is finally as successful in regard to methods of treatment for all the varied forms as has been the case in the elucidation of causation, then the future is indeed full of hope.

But we must not deceive ourselves or get too much buoyed up on false hopes.

There will always be the inoperable or irradicable malignant growth—that in the mediastinum (mid chest space) and liver for instance ; then there is also that in gland tissue as per instance in the pancreas or sweetbread (an essential gland for existence) so mixed up with the gland tissue as to be incapable of removal.

It is observed that a Lady Doctor has recently been devoting a large amount of attention to cancer of the mammary gland and has produced an expensive book on this subject. While voting all honour to the lady, according to the table set out at the head of this, such research touches only, in one year, 3 per cent. and in another 6 per cent. of the total cancers in this Borough and so the fringe of the problem only is dealt with.

Also, when one reads of an issue of health leaflets by the Middlesex Hospital press a bold headline—" Cancer not an incurable disease "—the answer is :—that very much depends, and the leaflet otherwise handed over to an Irishman's description as only he can.

It is unwise to be unduly optimistic beyond the limits of reason, skill and present day knowledge, allowing 50 per cent. error—for a cancer that no ordinary surgeon can cure.

On the back page of the same leaflet mentioned above are the words " Why do most patients consult a doctor too late " Suppose they do not consult too late. Here is a case :—

A man 59 at the beginning of a certain year looked well and felt " in the pink "—about the end of February, beginning of March vague symptoms chiefly increasing constipation (always otherwise regular daily) and copious urates.

Consults doctor who diagnoses " gravel " and otherwise takes an ingravid view of the case.

Ten days after first consultation no better ; rather worse, losing flesh and rather morbid as a result of no improvement, as he had been a healthy man before, except for attack Enteric Fever 6 years previously.

Told to cheer up and at later consultation sent away for change to coast resort—no better, but gradually worse—.

Resolves to come home and take advice of a consultant—(mid April).

Cancer of Rectum diagnosed ; considered to be quick-growing " soft celled " variety, and therefore probably not remediable by operation—patient dead 11th May.

Here is a case with about a two months' total illness and was at no stage considered saveable by any means known to medical science.

**Administration of the Factory and Workshop Act, 1901, in connection with
Factories, Workshops and Workplaces.**

1.—Inspection of Factories, Workshops and Workplaces.
Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises. (1)	Number of		
	Inspections. (2)	Written Notices. (3)	Occupiers Prosecuted. (4)
Factories (Including Factory Laundries)	27	1	
Workshops (Including Workshop Laundries)	99	2	
Workplaces (Other than Outworkers' premises)	15		
Total	141	3	

2.—Defects found in Factories, Workshops and Workplaces.

Particulars. (1)	Number of Defects.			Number of offences in respect to which Prose- cutions were instituted. (5)
	Found. (2)	Remedied (3)	Referred to H.M. Inspector. (4)	
Nuisances under the Public Health Acts :—*				
Want of cleanliness	3	3	1	
Want of ventilation	1		1	
Total	4	3	2	

*Including those specified in Sections 2, 3, 7 and 8 of the Factory and Workshop Act, 1901, as remediable under the Public Health Acts.

Inspection and Supervision of Food.

(a). Milk Supply.

The wholesomeness of the milk produced within or brought into the area :—

By far the larger portion of the milk supply is brought into the Borough from its environs, North, South, East and West, 4 separate Counties, some of it also comes from away, viz. in Leicestershire a fifth County, there being a fixed daily consignment by rail to certain retailer(s) in the Borough from John O' Groats dairies near Melton Mowbray (Leics.)

Given that there are approximately 55 sources of milk production whose milk is sold to inhabitants of the Borough, no fewer than about 30 or about 55 per cent. of the total producers (City and surroundings) have no laid on water supply.

What a chance for contamination of milk !—what a risk the borough runs therefrom ! And the Borough has to make its own provision, hospital and otherwise for the chances it takes and the risks it runs from any carelessness of its neighbouring milk producers, who are minus an incontestable water supply—the first essential guarantee to a clean and pure supply by ensurance of milk vessels and clinics into which the milk is put—having properly been cleansed.

What guarantee has the people of this Borough that these producers always and everytime exercise the necessary care and scruple that the water has been boiled 3 minutes to kill all harmful microbes before use in churns and milk vessels

The state of a larger number of these outside premises betokens anything but a sanitary and hygienic conscience.

The standard, with an odd marked exception, could not conceivably be lower.

In the words of a certificated man in the trade this is not a dairying community, meaning that the standard attained was of so low a character.

If the *Milk and Dairies Amendment Act 1922* was designed^{ly} framed to raise the standard of milk purity throughout the country, it has utterly failed here.

Its licencing provisions are inept, inasmuch as those unlicenced or who have been refused a licence run ~~with~~ ^{un} this place selling milk as merrily as others who are licenced.

Of what good therefore are licencing clauses under such circumstances

The Act here is a dead failure, and little wonder when it is not itself sure whether wholesalers' and purveyors' premises ~~can~~ be inspected, as from enquiries it applies only to retailers of milk not wholesalers.

Ministry of Health. Vide T.C. No. 137/25.

It has been said by those of old time that a coach and horse can be driven through most acts of Parliament, some milk vendors drive their milk floats through this milk act every day of their lives, aye, even twice-a-day.

The whole situation is too Gilbertian to be taken seriously vide also letters Ministry of Health II (b) 1500/14007.

The only solution to this *reductio ad absurdum* is that contained in an issue of the "Daily Graphic" which adumbrated universal licencing by the Ministry of Health of Grades of Milk approved only by it.

Milk.

Registration of Retailers :—

I. City Retailers. Revocation 3.

II. During 1925 the Health Committee considered 53 applications without the Borough to be registered under the Milk and Dairies (Amendment) Act, 1922, as Milk Vendors within the City and Borough, with the following results :—

Registered as fit.	Registered conditionally.	Registrations adjourned.	Registrations refused.	Referred back.
11	9	15	7	11

An application by a City Retailer to be registered was adjourned six months.

Dairies, Cowsheds and Milkshops Orders, 1885-1899.

Council's Byelaws made under the Order of 1899 in 1899.

There is a running contravention of No. 17 (5) (A) and (B) which states

“ He (i.e. the cowkeeper) shall not cause or suffer any cow belonging to him or under his care or control to be milked for the purpose of obtaining milk for sale :—

(A) unless, at the time of milking, the udder and teats of such cow are *thoroughly* clean.

(B) unless the hands of the person milking such cow also are *thoroughly* clean and free from *all* infections and contamination.”

This matter has been reported to the Health Committee by the M.O.H. on several occasions but there is lack of effective support and action to ensure the bye-law being carried out.

B. Meat.

Meat Inspection together with work under the Public Health (Meat) Regulations 1924 are reported upon by the Official and designated Meat Inspector (Chief S.I.).

The only point not dealt with under the pro forma is the arrangements for disposal of condemned meat.

This is sent to the Knackers, boiled down for extraction of fat and residue used for manure.

C. Other Foods and General.

Articles of unsound food surrendered or seized, within Sanitary Inspector's Report.

Bakehouses, cowsheds, dairies, slaughter-houses, etc., have been visited by me on various occasions in conjunction with the Sanitary Inspector.

Special attention was given to slaughter-houses and premises where food is made or sold in early part of the year due to the incoming of the New Meat Regulations.

Meat and food inspection is, on the whole, well supervised in the City, and, as opportunity and occasions arises I inspect as is needful and as empowered under the Public Health Acts Notably Section 191, P.H.A. 1875, etc.

Public Health (Milk & Cream) Regulations, 1912 & 1917.

Administration during the Year 1925.

1.—Milk and Cream not sold as preserved cream.

	(a) Number of Samples examined for the presence of a Pre- servative.	(b) Number in which Pre- servative was reported to be present, and percentage found in each sample.
Milk	63	Nil
Cream	3 (1 preserved cream).	1 Properly Labelled Pres. below permissible limit.

2.—Cream sold as preserved cream.

- (a). Instances in which samples have been submitted for analysis to ascertain if the statements on the label were correct :—
- 3 { 2 Cream. Genuine.
1 Preserved Cream. Correctly labelled Amount of preserva-
tive present below the limit permissible.

The Public Health (Condensed Milk) Regulations, 1923.
,, ,, (Dried Milk) Regulations, 1923.

No contravention of these Regulations have been noted during the year.

Prevalence and Control over Infectious Diseases
in the Quinquenium 1921-25.

Marked Diminution of Diphtheria Prevalence.

1. The most outstanding fact in a review of the position in the past five years is the steady and progressive decline and diminution of Diphtheria, practically to vanishing point.

In 1920, there were 40 cases of this disease notified to the Health Authority ; in 1925 this had dropped to only 4—i.e. one-tenth the number or a reduction of some 85 per cent. on the 1920 prevalence.

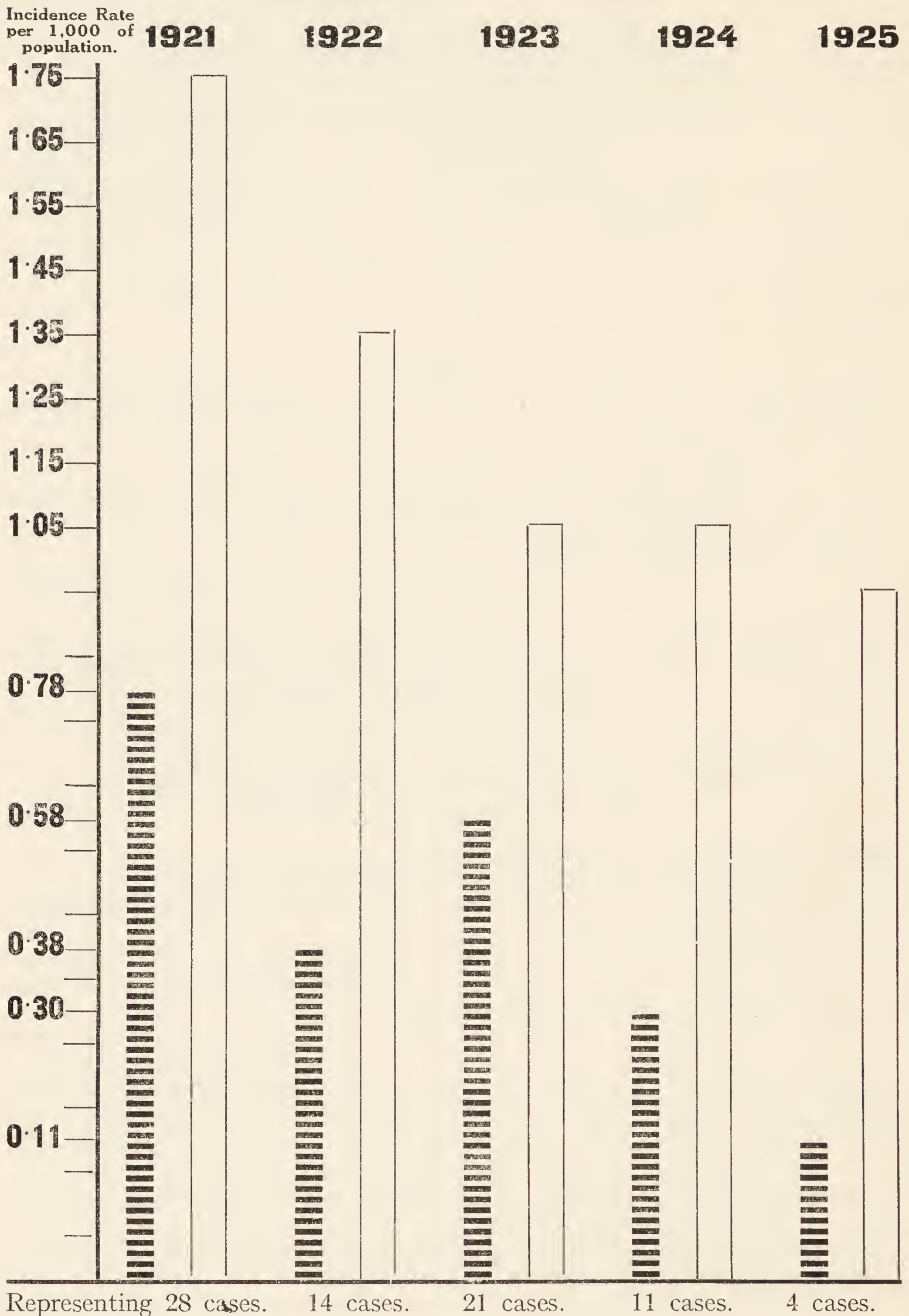
It is true that the Registrar-General's Statistics indicate a reduced prevalence of Diphtheria in the country as a whole, especially since 1923—and this after a peak increase in 1920—the general diminution in England since 1920 working out at about 27 per cent. So that the case of Peterborough in its excellent experience is a matter calling almost for jubilation, certainly for elation.

The causes leading up to such a result are several—some but imperfectly understood and it will remain to be seen whether the foundations on which the result have been attained are stable or shifting—for there will always occur the throat troubles that arise from the septic organisms as also those attributable to the organisms of what is known as Vincent's Angina.

In the latter category occurred an outbreak of throat trouble whose origin was presumed to be in a private school in the City which had a toll of three deaths on that school roll and a fourth presumed attributable to infection from one of the infected of the primary outbreaks.

DIPHTHERIA.

To illustrate comparative marked reduction in PETERBOROUGH compared with England and Wales, 1921—5.



With figures such as the above there is no call for the use of the test known as the "Schick" test to discover susceptibles to Diphtheria. The above incidence does not mean that others of the population are not susceptible.

II. As regards Scarlet Fever, this, like the poor, seems to be always with us, but seems to be characterised by waves of waxing and waning—but during 1925 there was for seven weeks a period of complete intermission when there were no cases at all in the City, and for part of which time the Isolation Hospital stood entirely empty.

This experience was said to have been unknown previously—within, at least, modern memory.

There is always one fact stands out prominently and it relates to what appears the most vulnerable age group of this infection ; it is a point that appears to pertain throughout the country, the writer having examined the age groups of as many other comparable Boroughs as reports have been capable of being procured from, and it is the very marked preponderance for attack amongst the age 5—15 children.

This is the school age ; and while it need not be admitted that schools are the cause or favour the spread of the disease (for cases occur amongst children who are being taught at home) yet the fact remains that the bulk of the cases in this Borough (as most likely in other comparable Boroughs also) are amongst public Elementary school children ; but in this connection it has also to be remembered that such constitute the majority of all children of this age.

Typhoid (Enteric) Fever.

4 Cases—No Deaths.

It is somewhat unusual for Peterborough to have more than an odd sporadic case of Typhoid or its cousin(s) Paratyphoid (B)—

1925 experienced 4, Paratyphoid (B) being predominant. The first case, considered true Typhoid came to light in June, this being a man on a visit from Australia and was of tropical origin, probably contracted from drinking home-made lemonade in Ceylon during the sea journey. The remaining 3 occurred in the Autumn—the time of peak rise of Enteric.

The next was a school boy notified in September, infection probably contracted on a visit to a seaside resort.

The third a man notified about the same time whose infection was not traceable within the City either. He was very ill, haemorrhaged twice and nearly lost his life.

The fourth case was a woman, a mild case whose serum agglutinated both Typhosus and Para-Ty—rather unusual, and on this account difficult to say which type of Fever she was at the time suffering from and which was the previous attack.

3 of the 4 cases (75 per cent.) were treated and nursed in the Isolation Hospital.

Regulations under Sect. 130, Public Health Act, 1875.

(a). The Pneumonia Malaria Dysentery, etc., Regulations 1919 (making these Diseases notifiable to the Sanitary Authority).

Pneumonia.

56 Cases notified during 1925. 14 Deaths—indicating that the per cent. of deaths to notifications 25 per cent., which is the lowest ratio for the quinquennium, preising that notification was tolerably efficient during 1925 embodying a great improvement on 1923 when the ratio of deaths to notifications was as high as 67 per cent. meaning a large leakage of unnotified cases.

The actual number of deaths in 1925 is the lowest in the quinquennium—a matter also for some mead of satisfaction probably largely accounted for by the greater number of cases at the 0—5 ages but actually also by the reduction of mortality of those attacked in middle life.

Expatatively, 24 of the total 56 notified, or 43 per cent., were under 5, and of these 24, 6 died, a 25 per cent. fatality.

16 or 66 per cent. of the 24 belonged to families who were unhoused, i.e., in rooms or with other people in rooms or in overcrowded and unfavourably sanitated circumstances; an added percentage of whom are known through the School service as being of uncleanly and unhygienic habits of home life.

This has an indoubted influence on the genesis of Pneumonia for it presages bad mothercraft which may also find its expression in lack of care to protect children by standing about in streets gossiping or in “pubs” while victimised infants are being chilled into pneumonia in the perambulators outside.

By a decision of the Health Committee in 1924, cases of Pneumonia are admissible to the Isolation Hospital, but no case was removed there during 1925.

No notifications of any cases of the other Diseases notifiable under the P.M.D. Regulations 1919.

(b). **Encephalitis Lethargica. “Sleepy Sickness.”**

3 Cases notified. 4 Deaths. Two of the deaths were unnotified and both the defaulting practitioners are or were on the Infirmary Staff.

Apropos of this (failure to notify) there is a well-founded suspicion that the number of cases notified do not indicate the **full** incidence of this disease.

The M.O.H. learns of cases of " Parkinsonism " (an after-math of Encephalitis Lethargica) where there has been no notification, and the County Medical Officer mentioned the same subject either as having himself encountered cases or as having become aware of them.

All such ought to have been notified when in the Lethargica stage without waiting for the Parkinsonian Syndrome.

Of the 3 cases notified in 1925, two are dead, the remaining case a young woman of 21 has developed Parkinsonism and is not likely to recover.

Of 9 cases notified during the quinquennium 1921—25, 5 are dead, and **only one** is known to have recovered sufficiently to resume his work—another male who may be well has been lost sight of, but the two females are doing badly—making up a shocking toll—with a death rate at 55 per cent. within two months of onset and a total death and incapacity rate of nearly 80 per cent.

This is really a disease to be feared ; not the less because it has baffled all unravelling, but also from its sinister effects in those who survive the acute original stage being converted from intelligent, attractive mortals, to slubbering perverted aberrant mongols. The modern Moloch !

Non-Notifiable Infectious Diseases.

Measles during 1925.

About 200 cases ; one death—a male in the 1—5 age group—same experience as in 1924—equivalent to a rate of .027 per 1,000 population compared with a rate of 0.13 for England and Wales and 0.15 for the Smaller Towns.

The average for the quinquennium is 1 death per annum.

Whooping Cough.

Also about 200 cases. 4 Deaths, all under 5 years of age, being equal to a mortality of .10 per 1,000 population compared with 0.15 for the whole of England and 0.14 for the smaller towns (population 20,000—50,000).

The average for the quinquennium is the same—this is a very fatal disease of childhood.

3. NOTIFIABLE DISEASES DURING 1925.

[illegible]

Ophthalmia Neonatorum	Cases.				Vision unimpaired	Vision impaired	Total Blindness	Deaths
	Notified	Treated						
		At Home	In Hospital					
4	4	4	—	4	—	—	—	—

Tuberculosis.

New Cases and Mortality During 1925.

Age Periods	New Cases.				Deaths.			
	Pulmonary.		Non-Pulmy.		Pulmonary		Non-Pulmy.	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1	2				1		2	
1—5								
5—10	3	1	1	1	1			
10—15		1	1	1				
15—20	4	8			1	3		
20—25	4	5			2	3		1
25—35	9	6	1		1	3		2
35—45	3	3			3	2		
45—55	3	2		1	3	1		
55—65					1			
65 and upwards	1			1				
Totals	29	26	3	4	13	12	2	3

Public Health (Smallpox Preventions) Regulations, 1917.

Vaccinations performed by the M.O.H. during 1925.

Total No.	Primary.		Re-Vaccination.	
	M.	F.	M.	F.
6	2	1	1	2

6. Public Health Laboratory Report, 1925.

Nature of Specimen.	Positive.	Negative.	Doubtful.	Total
Throat (and nose) swabs	1	33	—	34
Swab of other discharges	—	—	1	1
Other specimens	—	—	—	1
Scalp hairs to determine if Ringworm spores present	2	3	—	5
Cerebro-spinal fluid.....	2	—	—	2
Total No. of Specimens Examined				43

LIST OF ADOPTED ACTS (PUBLIC HEALTH).

	Date of Adoption.
Infectious Diseases (Notification) Act, 1889	31st Dec., 1889
Public Health (Amendment) Act, 1890	24th Nov., 1890
Infectious Diseases (Prevention) Act, 1890	24th Nov., 1890
Private Street Works Act, 1892	June. 1896
Public Health Acts Amendment Act, 1907, Sections 78, 79, 80, 81, 84, 85, 86	30th July, 1908
Parts II, III, IV, V, VI and X	16th Dec., 1908
Offensive Trades	17th Mar., 1922
Public Health Act 1925 (non-adoptive Parts)	8th Sept., 1925
Adoptive Sections, viz. Parts II, III, IV and V	1st Jan., 1926

Isolation Hospitals.

	Total No. of days.	Average No. of days.
Scarlet Fever	1.609	48.25
Diphtheria	134	44.2
Enteric Fever	144	72
Other Diseases	30	10

Read with Table next page.

ISOLATION HOSPITALS.

STATISTICAL RETURN FOR 1925.

	Remaining in Hospital 31st Dec., 1924.			Admissions 1925.				Dis. 1925	Died 1925.		Remaining in Hospital 31st Dec., 1925.		
	City Cases	Other Auth- orities' Cases	Total	City Cases	P. R.D.C.	O.F. U.D.C.	N.C. R.D.C.	Total	City Cases	P. R.D.C.	City Cases	N.C. R.D.C.	O.F. U.D.C.
Smallpox	.....		2		2			2					
Scarlet Fever	3	1	50	36	6	4	4	43	6	1	6	4	1
Diphtheria	.....		2	2				2					
Enteric Fever	.....		4	3	1			2		1			
Other Diseases	.....		4	3c		1a		2	1b				1a
TOTALS	3	1	62	44	9	5	4	51		1	6	4	2
													12

(a)—Case of Meningitis. (b)—Case of Encephalitis. (c)—1 Case of Measles, 1 Case of Dysentery, 1 Case of Encephalitis Lethargica

Maternity and Child Welfare.

The Ministry of Health Circular 648 requires that information be reported as follows :—

Paragraph 1.

(a). On the general arrangements made for attending to the health of expectant mothers and nursing mothers and of children under five years of age.

The phraseology “attending to the health of” is the same as that of the Act of Parliament on the subject i.e., the Maternity and Child Welfare Act, 1918.

Let the above be called “terms of reference”—for they are hugely sweeping—all this Borough possesses to cover them can be summarised in one *ad hoc* Health Visitor but no *ad hoc* premises—and on the medical side no *ad hoc* Medical Officer—the M.O.H. (who is also S.M.O.) only being able to devote such time as can suitably be spared to Child Welfare work but tiniest modicum to Maternity—such is interpreted as attending to the health of expectant and nursing mothers.

These are the general arrangements :—

Paragraph 1.

(b). The work of Health Visitors, etc. This is separately tabulated.

(c). Consultation Centres. This is separately tabulated (there are no treatment centres).

(d). Maternity Homes and Hospitals and other Institutions for the reception of expectant and nursing mothers and young children as in-patients. None in the District *ad hoc*.

Paragraph II.

(a). “Special reference.....to the incidence of Maternal Mortality—(and to investigations into maternal deaths, still-births and infant deaths).”

Maternal Mortality :—

During 1925, three women lost their lives as a result of the physiological process of motherhood—all under 30 years of age.

One case was attributable to Puerperal Septicaemia in the Puerperium, i.e., after delivery at full-time, the other from Peritonitis (presumably septic) following a miscarriage, while the third was attributed as due to Nephritis (Bright’s Disease) in the course of pregnancy requiring the induction of premature labour and comes under the R.G’s. heading 27 i.e. “Other diseases of pregnancy and parturition.”

This makes the Maternal Mortality Rate for Peterborough :—

5.2 per 1,000 births. Compared with 4.1 per 1,000 births for England.

This is in accordance with what is well known at G.H.Q. i.e., that the death rate of mothers in childbirth in this district is heavy. Refer—Report No. 25, P.H. and Medical Ministry of Health, page 95.

In a recent work* on this subject the author says (from a wide and comprehensive survey and experience in Lancashire) “Industrial accidents determine the Puerperal Fever rate in every district, because such accidents almost invariably cause septic wounds”—and further

*Geddes—Puerperal Septicaemia, 1926.

“ The cause of Puerperal Sepsis does not depend upon either the professional efficiency of the Medical practitioner or the service of midwives, but **upon the conditions** under which they have to practise midwifery.”

He holds that ante-natal supervision will not affect (by which is supposed to be meant—remedy) 75 per cent. of the victims of Puerperal Sepsis for the reasons advanced throughout his thesis.

Medical.

Finally, he urges a solution of the problem by the profession itself—not state “ interference ”—to organise a Maternity service forthwith ; a service which will make it possible for every woman to perform the natural function of child-bearing under strict aseptic conditions and these conditions are only possible in properly organised private or public hospitals. In the atmosphere of a hospital the general practitioner would constantly be reminded of the cause of his divorce from ordinary practice and the necessity for personal asepsis.

Dr. Geddes has done a service to the mothers of the country and incidentally to the community in indicating so lucidly in which direction and to what extent the prevention of Puerperal Sepsis lies, and his words as a practitioner have the added authority carrying conviction born of patient and thorough investigation into this subject as only practitioners can who themselves are in this work.

So much may be perfectly true in regard to Sepsis—prevention is the keynote—but is the issue with regard to the other collateral and cognate morbid conditions arising out of the gravid state equally as clear—? That is another matter ; for is it equally certain that in the present state of our knowledge of nephritis or what are called the toxæmias of pregnancy, however early tackled, are, without sacrifice of the child, preventable or remediable without the risk of a fatality or permanent damage to the mother ?

Who dare be dogmatic about prevention or irretrievable damage in this respect ? How can the ante-natal clinic function if the expectant mother does not or will not attend one (if there be one)? for after all there is no compulsion to attend such, nor at Child Welfare Centres—the weakness of Maternity and Child Welfare.

The subject of Birth Control is a much discussed one in the lay press and public organs, having received a stimulus from the published works of Dr. Marie Stopes, of the B.C. Clinic, Holloway, N.

Every M.O.H. becomes aware in the course of his duties, of families that are too large or becoming too large for the house accommodation and presumptively for the means of subsistence.

Some wiseacres would say that this is not a subject in which the state ought to interfere ; but short of “ interference ” others than Dean Inge, the Church and the press may be permitted a voice even although there are as yet no statutory obligations in this regard on public health authorities.

Cases of excessive and too frequent child bearing impairing health are known or may be known to most M.Os.H.

It surely never can be seriously contended that this is good for any community nor can it similarly be contended that the practice of widespread contraception is good for the body politic either.

The declining birth rate is beginning to cause some concern in the House of Parliament judging by the number of questions on the paper, especially this year when the birth rate (lowest on record barring the years of war) for 1925 as announced by the Registrar General.

In a word, contraception wilfully—perhaps a better word would be maliciously—practised by people who can afford to bring up a moderate and reasonable family is a vicious social practice and, if continued, will mean that the recruiting of the race from the more prolific and overcrowded sections will inevitably result in the usurpation of these into the sections which should have produced their own recruits.

In a word, birth control certainly but only where it ought to be applied ; quality as distinct from quantity, in other words contraception incalculated and practised where it is indicated and **on behalf of the community**.

There are no few signs that this matter will have to be seriously considered but in no unlicensed way and Parliament and the communities forced to make a move.

Maternity and Child Welfare.

NOTIFICATION OF BIRTHS.

Reciprocity. Although the County Medical Officer receives a duplicate of every notification of birth which reaches the health office, the department has never been known during the past six years to have had the benefit of information retransmitted within the knowledge of the C.M.O. as V.T.O. of any instance known to him where a child should have more than usual vigilance by the Health Visitor from the point of view of knowledge of either parent either suffering or having suffered from any of the venereal diseases.

The only fact under this head gleaned is the notification of Ophthalmia by the general practitioner notified under the Notification Acts.

We ought to be made aware of all or any congenital syphilities or potential cases of such, if only for the reason that they may have to be educated later at the expense of the City Education Authority.

Several such cases have had to be so dealt with recently by the City Education Committee.

Infant Mortality. Total 58 per 1,000 births, i.e., 34 deaths of infants under one year of age in 584 births. We were unfortunate in having deaths in three lots of twins but despite that fact the rate is low.

An analysis of causes of death and ages is given in the appropriate table.

The Infant Mortality of those infants who attended the Welfare Centres worked out at 15.3 per 1,000 attendants.

The Infant Mortality rate of those Infants not attending any Infant Welfare Centre—68 per 1,000 births.

Infantile Mortality, 1925.

Causes and Age Groups.

Cause of Death.	Under one week.	Under four weeks.	1—6 months	6—12 months	Total Deaths. Under 1 year.
Congenital Debility	3	2	1		6
Malformation		1	2		3
Premature Birth	6	3			9
Marasmus			1		1
Convulsions		1			1
Gastro-Enteritis			1	1	2
Whooping Cough				1	1
Bronchitis			2	1	3
Pneumonia			2	2	4
Laryngitis					
Other Causes		1			1
Tuberculosis			1	1	2
Icterus		1			1
Totals	9	9	10	6	34

Infant Mortality Rate.	Peterborough	.....	.....	58
Do.	England and Wales	.....	.....	75

Clinics and Treatment Centres.

Centre.	Situation.	By whom provided.
Queen Street	Queen Street Fire Station	Maternity and Child Welfare Committee.
New England	St. Paul's Church Hall	Do.
Eastgate	Wesley Hall, Hampden Road	Do.
South Ward	Palmerston Rd. Church Hall	Do.
School Clinic	24, Priestgate	Education Committee

Health Visitor's Report for 1925.

(January—December).

Number of first visits	521
„ Return visits under 1 year	389
„ Return visits over 1 year	428
„ Visits to still-births	7
„ „ Cases of Infant Mortality	10
„ „ Ante natal cases	28

Total number of visits paid 1383

„ Notified Births	586
„ Un-notified Births	7
„ Refused advice	0
„ Died before visit	9
„ Wrong addresses given	0

	At first visit	At 3 months	At 6 months
Babies breast fed entirely	303	102	58
Babies breast fed partly	56	21	14
Artificially fed in the following manner :—			
Hygienic Bottles	218	61	53
Long Tube Bottles			
Medicine Bottles			
Dried Milk	172	38	36
Milk and Water diluted	46	23	17
Infants sleeping alone	403	134	61

Attendances at Clinics.

Centre.	1924	1925
Queen Street	1394	1542
Eastgate	605	487
New England	1592	1772
South Ward	196	272

Total increase of attendances 186.

Sect. 67 of the 1925 Public Health Act.

As to propaganda..... etc., in connection with public health matters—intending by enactment that the public may receive instruction.

Now this is a more thorny subject than would appear superficially—not overlooking the fact that the General Medical Council's attitude is none too clear on the veriest similitude of what may savour of the M.O.H. advertising himself as that body may determine if articles are written to the press, etc.

Assuming this apart, there are some other considerations :—

1. Suppose a M.O.H. to consider favourably giving a lecture and distributing leaflets which is roughly the intention of this section of the Act. He would have

(a). To get his Committee's sanction to such procedure if on any wide-spread and effective scale, otherwise he would be held to be acting without authority. Suppose this sanction not to be forthcoming.

(b). Let it be granted that he may state (and very truly) that there is not enough of a particular food consumed and too much of others and suppose a questioner asks him at the end of the dissertation where (say) Grade A. or Certified Milk is to be obtained and there is none obtainable in his Town ; if he answers that by telling the questioner and the sales of the ordinary commodity from a particular trader who may at the same time be a ratepayer, quite conceivably the M.O.H. will be liable to be pilloried for acting (quite honestly) in detriment to the town's trade.

As illustrating the dangers and pitfalls of this section—not a month after this Act came into force in this Borough, the M.O.H. sent a firm of bakers a pamphlet intending to illustrate the hygienic benefits of bread-wrapping.

Not having cut out the firm's name, makers of this particular plant already in use in a large way in Peterborough, the competitors locally got hold of this, went to their lawyer and the matter was forthwith brought before the Town Council who, in the main supported the idea of bread-wrapping in principle but in the ultimate resolved—

“ That it be an instruction to all Officers of the Council that no such Officer shall forward to any person such trade pamphlet or circular advertising the goods of any particular firm, unless such Officer is requested to give his opinion with reference to the manufacturers of any particular commodity.”

There is contained only one of many pitfalls that may accrue from an unguarded use of Section 67.

What of the future ?

In this Survey Report it is expected that something be said by way of foreshadowing, or if not as much as that, of suggesting how and on what lines there may be expected improvement in the public health in the years to come.

Now, as adumbrated in a public lecture given to one of the corporate bodies of Peterborough last autumn, one of the first essentials to any progress will require to be the withdrawal by the body politic, i.e., the general body of citizens who have young children of their rooted and grounded objection to inoculation with special reference to its application to children under 8 years of age against the commoner infections of childhood's early years—especially Whooping Cough, Measles and Pneumonia.

The damage that is done to the young by these three infections is beyond measurement and calculation ; the deaths we know, but the damage is beyond computation, it cannot be measured but to these are often dated the beginnings of a life of ill-health, malnutrition and a bad start in existence for a goodly member.

But, it may be asserted, these infections cannot be prevented ; they are inevitable in childhood and cannot be “ helped ”

That was not the evidence we heard in Edinburgh at the R.S.I. Congress in 1925 by one well qualified to deal with the subject viz: Dr. O'Brien of the Wellcome Research Laboratories who stated that there is now a serum to protect against measles and a possible vaccine to prevent whooping cough and certainly one to protect against pneumonia.

Of course if the public—meaning by it—the parents of young children will not allow their children to be inoculated against these diseases, by that amount will these diseases be inevitable and not able to be “ helped ”—for they will not allow the helping (preventing) substances to be injected ; and they cannot be taken by the mouth without their potency being destroyed or rendered useless.

The second desideratum can be summed up in the two words :—

MORE INFORMATION.

For instance, if information had to be given statutorily on sickness to the health department of members of Friendly Societies and panel with nature and kind the M.O.H. would be in a far better position to judge for instance of the hygiene of works and all places of employment.

He would be enabled to collect and piece together the threads of sickness consation in a way far more effective than at present.

This matter was very forcibly brought home to the M.O.H. in the year under review when doubts were expressed as to the healthiness of a stores belonging to a Railway Company.

Considerable sickness on “ Clubs ” and a little investigation pointed to a possibility of lack of proper ventilation which suspicion on being investigated by the M.O.H. and subsequently by the Inspector of Factories was corroborated and it was found that though the **means** of ventilation existed these were not being fully or suitably utilised.

But for **chance** information, a useful investigation would have been lost.

On these lines at present we are notified Pneumonia and Tuberculosis and only definite infectious diseases. **Not other sicknesses** of occupational type attributable to bad hygiene.

HOUSING.

1.—GENERAL.

Number of new houses erected during 1925					
(a). Total	.....	.....	.....	.....	143
Total 5 years 1921—25.			.....	.....	318
(b). With State assistance under the Housing Acts, 1919, 1923 or 1924 as part of a municipal housing scheme				.....	8

2.—UNFIT DWELLING HOUSES.

1.—Inspection.

(1) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	.....	.....	.....	1055
(2) Number of dwelling houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910	.....			250
(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation.....	.....		
(4) Number of dwelling houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation	.....		

See below
III.

II.—Remedy of Defects without Service of Formal Notices.

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers					
				
					{ 293 P.H.A. 55 H.A.

III.—Action under Statutory Powers.

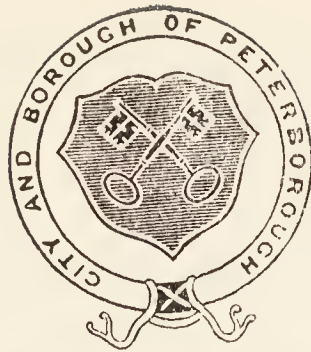
(1) Number of dwelling houses in respect of which notices were served requiring repairs	51	
(2) Number of dwelling houses which were rendered fit—		
(a) by owners	55	11 pending
(b) by Local Authority in default of owners	Nil	
(3) Number of dwelling houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	Nil	

B.—Proceedings under Public Health Acts.

(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied	297	
(2) Number of dwelling houses in which defects were remedied—		
(a) by owners	293	20 pending
(b) by Local Authority in default of owners	Nil	

C.—Proceedings under sections 17 and 18 of the Housing; Town Planning, etc., Act, 1909.

(1) Number of representations made with a view to the making of Closing Orders	Nil
(2) Number of dwelling houses in respect of which Closing Orders were made	Nil
(3) Number of dwelling houses in respect of which Closing Orders were determined, the dwelling houses having been rendered fit	Nil
(4) Number of dwelling houses in respect of which Demolition Orders were made	Nil
(5) Number of dwelling houses demolished in pursuance of Demolition Orders	Nil



CITY & BOROUGH OF PETERBOROUGH

II.

REPORT

OF THE

Chief Sanitary Inspector

FOR THE YEAR 1925.

(J. L. SEDEN, Cert. R. San. I.)

SANITARY INSPECTOR'S OFFICE,
BROADWAY,
1926.

To the

RIGHT WORSHIPFUL THE MAYOR, ALDERMEN AND COUNCILLORS
OF THE CITY OF PETERBOROUGH.

MR. MAYOR AND GENTLEMEN,

Herewith I beg to submit for your consideration my Report for the year 1925, this being my Fifteenth Annual Report.

With a view to facilitating comparison the Report is built up on similar lines to its predecessors.

The District has been systematically inspected during the year and steps have been taken to secure the abatement of nuisances and sanitary defects noted. Necessary matters usually receive attention after interviews or on the receipt of a letter or informal notice, and legal proceedings have not had to be instituted under the Public Health Acts and Regulations made thereunder.

A number of houseboats of varying size, structural condition and fitness were moored to the banks on each side of the river within the City area. An inspection of these was made and a detailed report submitted to the July Meeting of the Health Committee. At this time there were approximately 93 persons living in the 30 boats.

The housing difficulty is still in evidence, and in spite of your housing schemes and building operations by private persons it cannot yet be said that the supply of houses anything like equals the demand. Subletting is still considerable. Except in isolated cases this does not constitute legal overcrowding. A five or six roomed house occupied by a small family has adequate air space, but there is considerable inconvenience experienced by the subtenant and an absence of privacy, whilst the universal ideal, a home of one's own, awaits realisation. It is these inconveniences that are some of the chief difficulties experienced alike by tenant and subtenant. On the other hand, there is undoubtedly an economic factor, and subletting is undertaken as a means to securing financial assistance or an addition to income.

Slaughter-house and premises where food is made up or sold have received more attention this year than ever before. The incoming of the Public Health (Meat) Regulations has considerably increased this branch of the work, and full details of work done under the Regulations and in food inspection, etc., will be found under their respective headings.

In February the Council appointed R. Groom, who has been in the office some time now, to act as a Junior Inspector under my direction. This in some measure leaves Mr. Noble (Assistant Inspector) free for more important duties. Year by year, with the incoming of New Acts and Regulations, the work of the department increases.

Inspections, Notices, Complaints.

INSPECTIONS—3,250. Re-visits—876.

NOTICES—Under the Public Health Acts 2 statutory and 97 informal notices were served. Under the Housing Inspection Regulations 31.

COMPLAINTS—Formally received 126. No action was found to be necessary respecting 39 of these. A number of complaints of a casual nature were received which are not included in the foregoing total.

House Inspection.

1055 Inspections of houses were made, at 250 of which the formalities necessary under the Housing, Town Planning, etc., Act were complied with. At 293 houses defects were remedied under the Public Health Acts ; 20 are pending ; repairs were carried out at 55 houses under the Housing Act, and at 11 work was outstanding at the end of the year.

Nuisances Abated and Sanitary Defects Remedied.

Drains cleared, cleansed or repaired	.....	.....	.....	.....	70
Drains partly relaid	.....	.....	.....	.....	54
Stoneware gully traps fixed in place of defective " D " traps	.....	.....	.....	.....	20
New ventilating shafts fixed, or shafts repaired	.....	.....	.....	.....	9
New W.C. pans and traps, or pans only fixed	.....	.....	.....	.....	36
W.C.s. cleared or pans cleansed	.....	.....	.....	.....	7
W.C. apartments repaired reconstructed or limewashed	.....	.....	.....	.....	32
New W.C. apartments and pans and traps fixed	.....	.....	.....	.....	11
Flushing cisterns adjusted	.....	.....	.....	.....	26
New flushing apparatus provided	.....	.....	.....	.....	10
Window frames repaired, made to open, etc.	.....	.....	.....	.....	21
Dirty houses cleansed	.....	.....	.....	.....	1
Overcrowding abated	.....	.....	.....	.....	1
Floors repaired or renewed	.....	.....	.....	.....	15
Paving repaired or relayed	.....	.....	.....	.....	21
Roofs repaired	.....	.....	.....	.....	34
New sinks or baths	.....	.....	.....	.....	13
Rainwater pipes and gutters repaired and renewed	.....	.....	.....	.....	36
Accumulations of manure and refuse removed	.....	.....	.....	.....	12
Miscellaneous nuisances abated	.....	.....	.....	.....	177
					606

Infectious Disease.

54 Visits were made respecting 54 cases, and a number of re-visits.

Comparison with the ten previous years is as follows :—

1924	.....	48	visits respecting	48	cases
1923	.....	107	„ „	102	„
1922	.....	80	„ „	82	„
1921	.....	91	„ „	97	„
1920	.....	101	„ „	107	„
1919	.....	83	„ „	86	„
1918	.....	141	„ „	157	„
1917	.....	106	„ „	121	„
1916	.....	127	„ „	141	„
1915	.....	220	„ „	238	„

Disinfection.

The number of rooms disinfected is as follows :—

Infectious disease	.....	.....	.....	58
Phthisis	.....	.....	.....	12
Non-notifiable diseases	.....	.....	.....	7
Schools	.....	.....	.....	10
				—
				87
				—

Bedding was removed to the Fever Hospital to be disinfected from :—

50 Houses (after infectious disease)	.....	403 articles.
3 Houses (after Phthisis)	.....	20 „
		—
		423
		—

125 Articles of bedding, etc., were also removed by request from various houses in the City after non-notifiable diseases, and for which payment has been made.

The following is a list of all the articles removed :—

Beds	.....	.....	.....	54
Blankets	.....	.....	.....	125
Pillows	.....	.....	.....	117
Bolsters	.....	.....	.....	62
Mattresses	.....	.....	.....	36
Counterpanes, etc.	.....	.....	.....	52
Carpets, etc.	.....	.....	.....	3
Clothing	.....	.....	.....	25
Miscellaneous	.....	.....	.....	74
				—
				548
				—

Common Lodging Houses.

64 Visits have been paid to the 5 registered Common Lodging Houses. Apart from 3 verbal warnings these houses have been found kept in a clean and satisfactory state. One house changed hands during the year and the incoming tenant was registered.

Slaughter Houses.

23 Slaughter-houses are licensed, the licenses being subject to annual renewal. The Slaughter-houses are scattered in various parts of the City. Some few are small, while others are large, roomy and of excellent construction.

Compared with the average private Slaughter-houses those locally compare very favourably. Speaking generally, they are kept clean and well managed. The Council's Byelaws require the limewashing of a Slaughter-house once every three months. In granting licenses you require this limewashing to be done during the first 21 days of the months of March, June, September and December. 2 Cautionary letters were sent.

The lack of oversight and the unsatisfactory condition in which one Slaughter-house was kept, was the subject of a detailed report to the Health Committee at its meetings in July and August. These reports were fully considered and warning letters sent by the Town Clerk on your instructions. Reference will also be found to this Slaughter-house in my last Annual Report.

In the early part of the Autumn an application for a license for a Slaughter-house to be erected—at the rear of a dwelling house—was not approved.

At the end of the year one firm has in course of construction, to plans approved by the City Council, a large model Slaughter-house.

Work done to comply with Byelaw No. 3 3.

1,106 Visits have been paid.

See also the Section of this report under the headings “ Public Health (Meat) Regulations ” and “ Food Inspector.”

Public Health (Meat) Regulations, 1924.

These Regulations came into force on April 1st, of the year under review. They are divided into six parts. The aim of the Regulations is a higher standard of sanitation in Slaughter-houses and at premises where meat is stored or sold, also in the handling of meat.

The Regulations make no change as regards the seizure and condemnation of diseased or unsound meat or food, which is covered by sections 116—119 of the Public Health Act, 1875 and the Amending Act of 1890.

PART 2 of the Regulations applies to Slaughter-houses and slaughtering. It is required that not less than three hours notice of the time and place of the slaughter of an animal for human food shall be given, but provides that where it is the practice to slaughter at fixed times and on fixed days, written notice of this may be given in lieu of the special notice, and these days and times are then registered.

The local Butchers' Association submitted to you the following hours, which, after due consideration, were approved as being reasonable times for those butchers wishing to avail themselves of this proviso :—

Oct., Nov., Dec., Jan., Feb. and Mar.	9 a.m. to 6 p.m.
April, May, June	8 a.m. to 7 p.m.
July, August and September	7 a.m. to 8. pm.

Particulars of the registered days and times, together with other important details of the Regulations, have been supplied to each butcher for fixing in his Slaughter-house.

Notice of regular days and times of slaughter have been received from thirty-five butchers under the provisions of Article 8.

Article 9 requires that if any carcase or internal organs appear diseased or unsound, notice of the fact must be immediately given. This requirement is similar to Byelaw 9 “ As to Slaughter-houses ” made by the City Council as far back as 1877.

The further provisions of this part of the Regulations prohibit a Slaughter house from being used for any purpose other than the slaughter of animals for human food. No person shall blow or inflate with his breath any carcass ; and a slaughter-house must not be used for the slaughter of an animal not intended for human consumption.

As will be seen by reference to the section of this report headed " Slaughter-houses," 1,106 visits have been paid to the City Slaughter-houses alone, which represent the inspection of some hundreds of carcasses. Also numbers of visits have been made to shops, making-up premises, stalls, etc.

Article 9 has been complied with on many occasions. The Indemnity Fund of the local Butchers' Association still does useful work, and in the case of an animal covered by the Fund the Inspection Committee of the Association also view the carcass.

PART 3 refers to Meat Marking. This, after full consideration, the Council did not consider it practicable to adopt.

PART 4 deals with stalls, and PART 5 with shops, stores, etc. The various clauses of these sections provide for a definite standard of cleanliness, etc., as regards the premises and the storage and making-up of meat.

PART 6 has reference to the transport and handling of meat.

At the February meeting of the Health Committee, the Regulations were fully considered together with a detailed report respecting the Slaughter-houses, shops, stores, etc., covered by the Regulations.

It was felt that owing to the oversight given to this side of Public Health work locally for some years past that the Regulations had been largely anticipated and would cause little upheaval. On referring to my Annual Report for the years 1911, 1912 and 1913 records of repairs and reconstruction work then carried out at the Slaughter-houses will be found tabulated, and an efficient standard has since been maintained.

The following letter with a copy of the Regulations was sent by the Town Clerk, on your instructions, to the holders of slaughter-house licenses, and also to all butchers using a City slaughter-house.

March, 1925.

Dear Sir(s),

Upon the instructions of my Council I herewith enclose a copy of the Public Health (Meat) Regulations, 1924, dated December 20th, 1924, for your information and necessary action.

With reference to Clause II the City Council have, by resolution, directed that notices of times of slaughtering required under Articles 8 and 9 of the Regulations shall be given to the Sanitary Inspector at his office in Broadway (Telephone No. 238).

I therefore request that you will direct or give the required notices under the said Articles 8 and 9 accordingly. Also instructions should be given to your slaughtermen or managers to act in accordance with the provisions of the Regulations in your absence. If any person is allowed to slaughter at your slaughter-house, he must also give the required notice and observe the requirements of the Regulations, Part II,

but the responsibility of seeing that the Council's Byelaws as to Slaughter-houses are observed rests with the license holder.

Yours faithfully,

(Sgd.) W. T. MELLOWS,
Town Clerk.

A copy of the Regulations was also left with stall-holders and at all the shops and premises to which they apply.

On the whole the Regulations have worked with smoothness. A desire is shown by the trade to comply with them and to fall in with any suggestions which you may consider it necessary to make.

The following work has been done :—

New making-up premises built	1
Making-up premises thoroughly reconstructed	3
Additional light and ventilation	1
To comply with Article 12 (such as copper in Slaughter-house used for manufacture of food, removed, etc.)	5
To comply with Article 20	7

Food Inspection.

The following have been surrendered and condemned as unfit for human food :—

The carcase and edible offal of :—

3 Cows (for generalised tuberculosis), 36, 46 $\frac{1}{4}$ * and 42 stones respectively.

1 Cow (Dropsy), 34 stones.

1 Cow (accident) (bruised and damaged), 38 stones.

*2 Heifers (for generalised tuberculosis), 50 stones 3 lbs. and 38 stones respectively.

*1 Beast (for generalised tuberculosis), 42 stones.

Hindquarter and abdominal offal of 3 cows (for tuberculosis) 15*, 10 $\frac{1}{4}$ * and 9 stones respectively.

*Forequarters and edible offal (tuberculosis) of a Heifer, 27 $\frac{1}{2}$ stones.

*Forequarter and offal (tuberculosis) of 2 Heifers, 10 $\frac{3}{4}$ and 10 $\frac{1}{4}$ stones respectively.

*Covered by the Indemnity Fund of the Local Butchers Association, and also seen by Members of the Association's Inspection Committee.

1 Calf (tuberculosis).

1 Small Pig (emaciated), 5 stones.

1 Pig (Erysipelas) 10 $\frac{1}{4}$ stones.

Bacon (unsound), 140 lbs.

Beef (unsound), 70 lbs.

Pears (unsound), 15 boxes.

Tinned Milk (unsound), 30 tins.

Lobster (unsound), 25 tins.

Crabs, 1 box.

Sundries.

For comparison purposes it may be interesting to note the numbers of carcasses condemned during the past ten years—1916 to 1925—which are as follows :—

The whole carcase of	42 Cows.
„ „ „	13 Heifers.
„ „ „	11 Beasts.
„ „ „	2 Steers.

Total 68. Approximately 50 of these would be market animals, the remainder being accident and such like cases.

Also condemned :—3 sides, 24 forequarters, 7 hindquarters.

Approximately 2,800 Beasts are killed yearly in the City Slaughter-houses (of which only about 8 to 10 per cent. are cows). Taking this number into consideration the amount of condemnation, which, on first sight seems large, is in reality very small to the amount of slaughtering done.

The excellent quality of the beasts grazed in the surrounding districts is a matter of repute, and largely accounts for the small number found diseased. It will be noted that cows stand high on the condemnation list, and, it is this class that makes heavy inroads into the Insurance Fund of the Butchers' Association. From these figures it seems only reasonable to argue that if the majority of cattle killed locally were cows the number of condemnations would leap up considerably.

The main cause of condemnation is tuberculosis.

Condemned meat is removed to the Knackers' premises, where it is destroyed. Any salvage value of an insured animal is paid to the Association's Secretary as a set-off against the claim of the butcher.

The standard of condemnation followed is that suggested by the Ministry. In the case of an insured animal it is not only seen by your Sanitary Inspector (who holds the qualifying Meat Inspectors' Certificate) but also by two or three Members of the Butchers' Indemnity Fund Committee. As occasion arises your Medical Officer also views. The standard is acceptable to the trade; and I am happy to record the harmonious relations that exist; hence, for years past, none of the butchers have thought it necessary to avail themselves of the provision laid down in your Resolution of May 1917—which is as follows :—

“ DISEASED MEAT. The Sanitary Inspector submitted a report
 “ upon the procedure in regard to the condemnation of diseased meat,
 “ setting out in detail the quantity of tubercular meat condemned by
 “ him during his term of office.”

“ It was resolved that the Inspector's report be approved and also that,
 “ as recommended by the Inspector, in view of the heavy financial loss
 “ suffered by a butcher, particularly at the present time, in the condemna-
 “ tion of a diseased carcase, or part thereof, this Committee authorises
 “ the Inspector, if so desired by the person concerned, to take one of the
 “ practising Veterinary Surgeons in the City to view the meat so that
 “ every possible consideration may be given to the interests of the
 “ butcher as well as to the interests of the Public Health.”

Bakehouses.

46 Bakehouses were on the register during the year. One old bakehouse was reopened in the Spring and at the end of the year 3 have become vacant. We start the present year with 43 in use and occupation. 3 Letters were sent respecting outstanding limewashing. One small bakehouse was reconstructed and repaired. Miscellaneous repairs 3. 82 Visits were paid.

Sale of Food and Drugs Acts.

The following 91 samples were purchased and submitted to the Public Analyst for Analysis :—

					Formal.	Informal.	Total.
Milk	.....	.....	.....	.....	61	2	63
Butter	.....	.....	.....	.....	1	11	12
Jam	.....	.....	.....	.....	—	3	3
Lard	.....	.....	.....	.....	—	2	2
Sausage	.....	.....	.....	.....	—	2	2
Sweets and Chocolates	.....	.....	.....	.....	—	3	3
Arrowroot	.....	.....	.....	.....	—	1	1
Meat pie	.....	.....	.....	.....	—	1	1
Tincture of Quinine	.....	.....	.....	.....	—	1	1
Quinine Wine	.....	.....	.....	.....	—	1	1
Camphorated Oil	.....	.....	.....	.....	—	1	1
Medicine to Prescription	.....	.....	.....	.....	1	—	1
					—	—	—
					63	28	91
					—	—	—

The average composition of the genuine milk samples is Fat 4.14 per cent., Solids not Fat 8.87 per cent. This is the highest average so far recorded.

The two samples of sausage contained a small amount of boric acid preservative.

One informal sample of butter was certified to contain 6 per cent. excess of water. A formal following-up sample was certified genuine.

Certain samples of Milk were taken “in course of delivery.” At one dairy three samples taken from the churns containing the supply from one farm were analysed. These samples were certified as follows :—

No. 15,	33.42 per cent.	Added water.	Morning's milk.
16,	16.47 per cent.	„ „	„ „
17,	33.65 per cent.	„ „	Evening's milk.

On the following morning further samples of the supply from the same farm were taken and submitted for analysis with the following results :—

No. 20,	15.0 per cent.	Added water.	Morning's milk.
21,	20.0 per cent.	„ „	„ „
22,	34.0 per cent.	„ „	Evening's milk.
23,	23.3 per cent.	„ „	„ „

Two days later the farm was visited with a view to taking “ appeal to the cow ” samples. Although I was there at 5-50 a.m. I found milking had commenced, so that the start of the milking was not seen. A sample of the mixed milk taken on this occasion gave a composition as follows, Fat 4.0 per

cent., Solids not Fat 8.0 per cent. A sample of the previous evening's milk waiting in a churn in the dairy to be dispatched with the morning's milk was also submitted for analysis. This was certified Fat 4.0 per cent., Solids not Fat 6.9 per cent.—18.83 per cent. added water.

Two days later the farm was again visited and "appeal to the cow" samples taken of the afternoon's milk. That of the mixed milk of the herd was certified genuine, viz:—Fat 4.7 per cent., Solids not Fat 8.86 per cent.

The following day three further samples were taken "in course of delivery" at the dairy in the City to which the supply was consigned, viz. two of that morning's milking and one of the previous evening's milking (this latter being a check on the "appeal to the cow" samples taken). These three samples were certified as follows:—

4.5 per cent. Fat.	9.04 per cent.	Solids not Fat.	Morning's milk.
5.1 per cent. Fat.	9.0 per cent.	" "	" "
4.9 per cent. Fat.	8.9 per cent.	" "	Evening's milk.

Legal proceedings were subsequently taken against the farmer respecting the seven official samples reported against. Result:—

Fined £10 on the first summons and £1 each on the remaining 6 summons.

Total £16. Costs £3 3s. 0d.

The fees for analysis and expenses incurred in this case totalled approximately £11.

An informal sample of milk taken by an agent from a milk vendor was certified to contain 26.94 per cent. added water. A formal sample subsequently taken was certified to contain 22.47 per cent. added water. The vendor stated at the time of sampling that the milk he had sold to me was bought milk from a farm named and situate just outside the City area, and that he accepted delivery at the farm.

On hearing from the Public Analyst that the milk was being reported against, I had an interview with the Inspector for the District in which the farm is situated with a view to an official sample being taken by him "in course of delivery."

I accompanied him to the farm the next morning when a sample was taken. This was certified to contain 22.47 per cent. added water.

The Inspector on the two following mornings saw the cows milked and took "appeal to the cow" samples. These were certified genuine.

Legal proceedings were taken against the vendor and he was fined £2, Costs £2 6s. 0d.

The Bench pointed out to defendant that in arriving at their decision they had taken into consideration the fact that he had not taken any steps by obtaining a warranty or by any other means to protect the public or himself.

At the same Court proceedings were also taken against the farmer by the Inspector for the Soke of Peterborough County Council. Result —Fined £12 10s. 0d. Costs £2 6s. 0d.

Public Health (Milk and Cream) Regulations, 1912.

3 Samples of Cream were analysed viz: (2 Cream, 1 Preserved Cream) and certified to be in order.

The 63 samples of milk were found free from preservative.

Dairies, Cowsheds and Milkshops.

MILK AND DAIRIES (AMENDMENT) ACT, 1922.

68 Visits have been paid. 2 Cowkeepers have given up cowkeeping during the year, and one changed his premises within the City. There are now only 6 cowkeepers in your district keeping between 50 and 60 cows in the sheds during the Winter months. It will therefore be seen that the City is almost entirely dependent on the surrounding districts for its milk supply.

One purveyor of milk gave up business and vacated his premises. 2 Incoming persons were registered. One of these built a new dairy, the other, with a fairly large turnover, altered and thoroughly reconstructed his premises to make them suitable.

Shops Act, 1912, 1920, 1921.

89 Visits were paid under these Acts and 4 formal complaints were received and immediately investigated. 6 Contraventions were reported and warning letters sent to the shopkeepers by the Town Clerk. At the commencement of the year a handbill was left at each shop setting out the legal closing times. Difficulty is experienced as regards the 8 o'clock closing requirement with the small, and what may be called, accommodation shops in the side streets and outlying parts of the district. This was originally a war time Order and has so far been extended year by year, and is again extended until the end of 1926.

Considerable opposition was expressed in the public press towards the end of the year to this continuation. These small shops serve the needs of the adjoining residents, and the trade done is more or less of a casual nature. They range from a cottage trade with not more than five pounds worth of stock to a one man business.

The varying exemptions and the mixed nature of the trade done creates the problem. A clear-cut all round closing time would make matters easy, but this is impracticable. Under the existing law for example, a shopkeeper who may have an "off-license" combined with his general shop has to close as follows:—General goods 8 p.m., Fruit, table waters, chocolates and sugar confectionery 9-30 p.m., Off-license 10 p.m. A customer, temporarily out of something for supper or some household requisite, is not sympathetic to a shopkeeper who may refuse service, hence the shopkeeper is in a frequent state of conflict between breaking the law on the one hand or offending a customer by refusal on the other.

In considering certain breaches of the Shops Act, the Health Committee at its October meeting instructed the Town Clerk to communicate with the Home Office and draw attention to these difficulties, and particularly in a City such as this which is a railway centre where men are often coming off duty (or are called on duty) at short notice and need supplies, and although a shop may be open for the sale of certain commodities it is closed for others of an essential character, the sale of which would render the shopkeeper liable.

Closing difficulties are not experienced in the central part of the City with the shops employing assistants.

Factory and Workshop Act.

FACTORY AND WORKSHOPS.—144 Workshops are on the Register. 2 Notices were received from H.M. Inspector of Factories and Workshops respecting the occupation of new workshops, and 1 complaint respecting overdue limewashing. 59 Visits were paid.

OUTWORKERS.—Very little outworking within the terms of the Act, is done locally. 5 Lists were received.

Canal Boats Acts.

There are 53 boats on the register scattered in various parts of the fen district, the bulk of which, if existing, have not been met locally for years past. One new boat was registered during the year. Locally traffic by river is almost negligible. 5 Visits were paid and the boats inspected were found in order.

Pleasure Boats.

66 Licensed, also 4 boatmen. 58 Visits were paid.

I am,

Mr. Mayor and Gentlemen,

Your obedient Servant,

J. L. SEDEN,

Chief Sanitary Inspector.

